

## **FORM CS-1, CHILD ASSESSMENT AND SERVICE PLAN FORM INSTRUCTIONS**

### **PURPOSE**

The purpose of this form is to incorporate the statutory requirements of Public Law (P.L.) 96-272, the Adoption Assistance and Child Welfare Act of 1997, Titles IV-B and IV-E of the Social Security Act/Social Security Act Amendments of 1994 (P.L. 103-432), the Indian Child Welfare Act of 1978, and Section 210.720 RSMo. In addition to being a case plan, this form provides for documentation of worker's assessment of the safety, permanency, and well-being needs of each child.

Appropriate sections of the form will be completed to meet the statutory requirements of 207.020 RSMo. This statute requires an evaluation to be completed and a report made to the court regarding a child's need for placement, when the child(ren) is not yet in the custody of the Children's Division. Additionally, the form will be used to document whether the child entered the legal custody of the division solely to access mental health/substance abuse services, and/or if the child can be safely returned to the legal custody of the parent(s) with appropriate services.

This form has been designed to gather detailed information about a particular child's needs and basic family demographics. The detailed information gathered in each section is then followed by a summary section (outlined in bold) which can quickly be identified and used by the court. Ideally, the court will accept the completed CS-1 as a court report. The sections outlined in bold are the key pieces of information which most courts require. In the event the court will not accept the CS-1 as a court report and requires a narrative type court report, the completed summary sections outlined in bold can be cut and pasted into a new document. When complete, the sections outlined in bold should contain the main components of a court report.

Additionally, the CS-1 serves the following purposes:

- A) Provides an organized way in which information is gathered about a child's specific safety, permanency, and well-being strengths and needs.
- B) Provides a standardized way in which services provided to child and family are documented in the record.
- C) Provides documentation of visitation plan.
- D) Records invitations to and attendance of the FST meeting.
- E) Documents understanding/acceptance/disagreement of the FST recommendations.
- F) Provides a standardized format for recording and documenting the case plan.
- G) Provides information in an organized manner to the FST and to the court on the services needed and progress made by the child and family to ameliorate the conditions which created the need for placement.
- H) Provides documentation of compliance with the following 18 federal requirements which must in all out-of-home care cases, as stated in P.L. 96-272.

### **CASE PLAN: THERE WILL BE A WRITTEN CASE PLAN**

1. There will be a written case plan with a description of the type of home or institution in which the child is to be placed.
2. It will discuss the appropriateness of the placement.
3. It will be designed to achieve placement in the least restrictive environment (most family like) available, consistent with the best interest and special needs of the child.

4. The case plan is designed to achieve placement in close proximity to the parent's home, consistent with the best interests and special needs of the child.
5. The case plan will discuss how the agency plans to carry out the judicial orders made with respect to the child.
6. The case plan includes a plan for assuring the child receives proper care.
7. The case plan includes a plan for assuring services are provided to the child and parent's home, to facilitate return of the child to his/her own home, or other permanent plan.
8. The case plan addresses children who may return to the legal custody of their parent(s) but may continue to need mental health treatment and possibly out-of-home care.
9. The case plan includes a plan for assuring services are provided to the child and foster parents to address the needs of the child while in foster care.
10. The case plan will discuss the appropriateness of the services provided to the child under the plan.

PERIODIC REVIEW: THE STATUS OF EACH CHILD IS REVIEWED PERIODICALLY, BUT NO LESS THAN EVERY SIX MONTHS BY A COURT AND/OR ADMINISTRATIVE REVIEW

11. The periodic review determines the continuing necessity for and appropriateness of the placement.
12. The periodic review determines the extent of compliance with the case plan.
13. The periodic review determines the extent of progress made toward alleviating or mitigating the causes necessitating placement in foster care.
14. The periodic review projects an expected date for return of the child to his/her own home or another permanent placement.
15. The periodic review in the form of administrative review is open to participation by the parents and the child in alternative care.
16. When utilized as an administrative review, the periodic review is conducted by a panel of appropriate persons, at least one of whom is not responsible for case management or delivery of services to the subject child or his/her parents.

PROCEDURAL SAFEGUARDS: TO DETERMINE THE FUTURE STATUS OF THE CHILD, THERE IS TO BE A PERMANENCY HEARING NO LATER THAN 12 MONTHS AFTER ORIGINAL PLACEMENT AND PERIODICALLY THEREAFTER

17. Procedural safeguards are applied with respect to parent's rights pertaining to the removal of the child from his/her parent's home.
18. Procedural safeguards are applied with respect to parental rights pertaining to a change in the child's placement.
19. Procedural safeguards are applied with respect to parental rights pertaining to any determination affecting visitation rights.

- I) To provide documentation of compliance with the following requirements of P.L. 105-89:

REASONABLE EFFORTS: THE CASE PLAN WILL DOCUMENT REASONABLE EFFORTS MADE BY THE DIVISION OF FAMILY SERVICES WITH RESPECT TO THE CHILD

1. In making such reasonable efforts, the child's health and safety shall be by the

paramount concern.

2. Reasonable efforts shall be made to preserve and reunify families by services provided prior to placement of a child in foster care, or to prevent or eliminate the need for removing the child from the child's own home; or to make it possible for a child to safely return to his/her own home.
3. Reasonable efforts shall be made to place the child in a timely manner, in accordance with the permanency plan, and to complete whatever steps are necessary to finalize the permanent placement of the child.
4. Reasonable efforts shall **not** be required with respect to a parent of a child if a court of competent jurisdiction has determined that:
  - a) The parent has subjected the child to aggravated circumstances (as defined in State Law, which definition may include, but not be limited to abandonment, torture, chronic abuse, and sexual abuse;
  - b) The parent has:
    - Committed murder of another child;
    - Committed voluntary manslaughter of another child of the parent;
    - Aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter; or
    - Omitted a felony assault that results in serious bodily injury to the child or another child of the parent; or
  - c) The parental rights of the parent to a sibling have been terminated involuntarily.
5. If reasonable efforts are not made with respect to a child as a result of a determination made by a court of competent jurisdiction in accordance with subparagraph (4b):
  - a) The date of the first judicial finding that the child has been subjected to child abuse or neglect; or
  - b) The date that is 60 days after the date on which the child is removed from the home.

#### CONCURRENT PLANNING

6. Reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts of the type described in subparagraph (2), preventive and reunification efforts; and
7. States shall identify, recruit, process, and approve a qualified family for an adoption when a petition has been filed to terminate the parental rights of the child's parents.

#### TERMINATION OF PARENTAL RIGHTS

8. In the cases of a child who has been in foster care for 15 of the most recent 22 months, or if a court of competent jurisdiction has determined a child to be an abandoned infant, or has made a determination that the parent has committed any violation listed in subparagraph (4b), the state shall file a petition to terminate the parental rights of the child's parents (or, if such a petition has been filed by another party, seek to be joined as a party to the petition) **unless**:
  - a) At the option of the State, the child is being cared for by a relative;
  - b) A State agency has documented in the case plan a compelling reason for determining that filing such a petition would not be in the best

- interest of the child; or
  - c) The State has not provided to the family of the child, consistent with the time period in the State case plan, such services as the State deems necessary for the safe return of the child to the child's home, if reasonable efforts are required to be made with respect to the child.
9. A child shall be considered to have entered foster care on the earlier of:
- a) The date of the first judicial finding that the child has been subjected to child abuse or neglect; or
  - b) The date that is 60 days after the date on which the child is removed from the home.
- J) To document compliance with the Indian Child Welfare Act of 1978 (ICWA) which regulates placement proceedings involving Native American children. The ICWA requires that placement cases involving Indian children be heard in tribal courts if possible, and permits a child's tribe to be involved in state court proceedings. It requires testimony from expert witnesses who are familiar with Indian culture before a child can be removed from his/her home. If a child is removed, either for foster care or adoption, the law requires that Indian children be placed with extended family members, other tribal members, or other Indian families.

### **NUMBER OF COPIES AND DISTRIBUTION**

The form is to be presented during the initial FST meeting, with the FST members participating in the development of the case plan. Any identifying information and summary of prior services offered to the family is to be documented by the service worker before the FST meeting. The CS-1 shall be completed within thirty (30) days of initial custody and reviewed for appropriateness at the 30-day FST meeting. The form is then reviewed and updated as needed for the subsequent FST meetings.

The case manager will provide each team member with a copy of **each individual child's current CS-1**. Identifying information about the family and each child as well as a summary of efforts to prevent placement (outlined in bold on the form), should be thoroughly documented on the CS-1 before the meeting. All other summary sections (outlined in bold on the form), requiring assessment of progress in reunification and providing permanency, visitation, appropriateness of child/youth adjustment to placement, development of the primary case plan, development of the concurrent plan, and the development of a written service agreement shall be completed by the Family Support Team (FST) during the FST meeting.

**One CS-1 form is to be completed for each child.** The original is filed in the child's section of the case record. A copy of the original and updated CS-1's should be given to the parents, child (if age appropriate) and the out-of-home care provider following the FST meetings. A copy of the most recently completed CS-1 should be given to all FST members to review at least one week prior to the FST meeting if they were not given a copy of the CS-1 at the end of the previous FST meeting.

The CS-1 should be attached to the required six-month court report. The CS-1 may be submitted as the court report if this is acceptable to the jurisdictional court.

For cases involving pre-custodial evaluation (i.e. prior to the court actually placing the child in the custody of the division) the original CS-1 will be placed in the parent's record.

## **SUBSEQUENT CS-1'S**

The CS-1 is designed to be dynamic form to which information can be continuously added over the life a case. After completion of the initial CS-1, only information that changes has to be added to or entered into a subsequent CS-1.

## **INSTRUCTIONS FOR COMPLETION**

Prior to the FST meeting, as much identifying information about the family and child, reasonable efforts to prevent placement, and any services provided should be thoroughly documented on the CS-1. The remaining sections are to be reviewed and completed during the FST meeting with the family. During the FST, the worker for the family will provide information regarding services provided, discuss visitation for period in review and facilitate a discussion about the family/child's progress since the previous FST meeting. This information will be utilized by the team to determine the case plan recommendations for each child.

**CASE NAME:** Enter the case name.

**CASE NUMBER:** Enter the case number.

### ***ASSESSMENT DATA***

Date completed: Enter the date the CS-1 was completed.

Period Covered: Enter the dates for which the CS-1 covers. For example, if the CS-1 is being completed for the 30 day meeting, the period covered would be the date from which the child was placed into care to the date of the 30 day meeting. If the CS-1 is being completed for the 60 day meeting, the period covered would be from the date of the 30 day meeting to the date of the 60 day meeting and so forth.

Service County/Worker: Enter the service county and service worker information.

CM County/Worker: Enter the case managing county and case manager information.

### ***COURT HEARING TYPE/DATES***

Enter the date of each type of court hearing.

### ***FST DATES***

Enter the date of each FST meeting.

## ***SECTION I – INDIVIDUAL CHILD'S DATA***

***This section details the following specific information about the child:***

Child's Name: Enter the name of the child for which the specific plan will be developed.

Sex: Enter the sex of the child.

DOB: Enter the child's date of birth.

DCN: Enter the child's departmental client number (DCN).

SSN: Enter the child's Social Security Number.

Initial Custody Date: Enter the date the child was initially placed into custody.

Current Placement Type: From the pull down menu, select the **current** placement type.

Beginning Date of Current Placement: Enter the date the child was placed in the **current** placement.

Original Reason for Placement/Custody/Jurisdiction:

- a) Describe the reason(s) for requesting custody if child is not yet in out-of-home care.
- b) For a child who is in care, give the reason(s) for custody as stated in the

- protective custody order.
- c) If the child was placed in out-of-home care on an emergency basis, explain the specific danger.
  - d) Explain if voluntary placement was considered in lieu of protective custody.
  - e) Explain if consultation was made with MSW/Supervisor prior to removal of child from the home to discuss the most appropriate placement and plan for the child. This is required as part of “best practice” as cited by the Council on Accreditation standard G86.03.
  - b) Explain if the sole reason the child entered the Division’s custody was due to the child’s need for mental health and/or substance abuse services and if the child can be safely returned to the parent(s)’s legal custody with appropriate mental health services and supports.

## **SECTION II – FAMILY DATA**

*This section details specific information about the parent(s)/caretaker(s), siblings and other household members/significant others. **NOTE: For any cases in which domestic violence is known or suspected, be sure to delete specific information from the following section prior to providing a copy to the alleged abuser.***

### **PARENT/CARETAKER:**

Mother’s Name: Enter the name of the child’s mother.

DOB: Enter the mother’s date of birth.

SSN: Enter the mother’s Social Security Number.

DCN: Enter the mother’s DCN.

Address: Enter the mother’s current address.

Phone: Enter the mother’s phone number.

Court ordered to pay child support? : Enter YES if ordered to pay child support, then enter the amount ordered to pay. Enter NO if not ordered to pay child support.

Referral made to Child Support Enforcement? : Enter YES or NO.

Father’s Name: Enter the name of the child’s father.

DOB: Enter the father’s date of birth.

SSN: Enter the father’s Social Security Number.

DCN: Enter the father’s DCN.

Address: Enter the father’s address.

Phone: Enter father’s phone number.

Paternity established: Enter YES or NO.

Legal Status of father : Check each legal status that applies.

Court ordered to pay child support? : Enter YES if ordered to pay child support, then enter the amount ordered to pay. Enter NO if not ordered to pay child support.

Referral made to Child Support Enforcement?: Enter YES or NO.

### **SIBLING DATA**

Enter the name, sex, DOB, DCN and living arrangement/placement for any siblings of the child for which the CS-1 is being completed. Indicate, by entering YES or NO, if the sibling is in DFS custody.

### **OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS**

Enter the name, DOB, DCN, relationship to child, and address of any other household members or others persons who reside in the household.

### **SECTION III – REASONABLE EFFORTS - PLACEMENT/CUSTODY PREVENTION**

*This section details and then summarizes all services offered prior to placement/custody. Some information for this section may be taken directly from the CD-14 (FCS Family Assessment) and the CD-14A (Family Function Assessment/Re-Assessment). This section also includes information about exploration of the non-custodial parent, relatives, and possible kinship placements.*

Date of IIS referral: Enter the date of any IIS referral made prior to placement. If no IIS referral was made, indicate reason referral not made.

Services Offered Prior to Placement: List all formal and informal services offered prior to placement/custody including prior case openings, IIS services, income maintenance assistance referrals etc.

Date of Service: Enter the date the service began and the date the service ended. If service is currently being received put *present* in this field.

Provider Name, Address, and Phone Number: Enter the name, address, and phone number for each service provider.

Non-Custodial parent, relative, or kinship explored prior to placement or other possible placement resources: All efforts should be made to contact/locate the non-custodial parent. Diligent efforts should be made to locate any other kinship or relatives whom may be an appropriate placement resource for the child. In the fields provided, enter the name, relationship, address, and phone number of any person contacted or considered for placement. Enter the date of contact with that person as well as their response to that contact.

**Summary of reasonable efforts to prevent placement:** This bolded section should be utilized to succinctly summarize for the court all reasonable efforts made by the Division to prevent placement. If the child was removed on an emergency basis, describe the emergency and the conditions which made the removal necessary to protect the child. Summarize services made available to the family before removal and why further services could not allow the child to safely remain in the home. **This section is outlined in bold lines so it can quickly be identified by the court. If the court does not accept the CS-1 as a court report, this completed section can be cut and pasted from the CS-1 and incorporated into a narrative report for the court.**

### **SECTION IV - REASONABLE EFFORTS TO FACILITATE REUNIFICATION AND PROVIDE PERMANENCY**

*This section details and then summarizes services provided to the child and family since placement.*

Services Offered Since Placement: List all formal and informal services offered since placement/custody.

Date of Service: Enter the date the service began and the date the service ended. If service is currently being received put *present* in this field.

Provider Name, Address, and Phone Number: Enter the name, address, and phone number for each service provider.

**Summary of reasonable efforts to facilitate reunification and provide permanency:** This bolded section should be utilized to succinctly summarize all reasonable efforts made by the Division to facilitate reunification and provide permanency. Based on the services provided, describe the behavioral changes which have occurred to reduce the risk of maltreatment and progress made by family towards the permanency goal. Identify

whether the child entered the Division's legal custody solely to access mental health and/or substance abuse services and if such services can now be provided which would allow the parent(s) to regain legal custody. **This section is outlined in bold lines so it can quickly be identified by the court. If the court does not accept the CS-1 as a court report, this completed section can be cut and pasted from the CS-1 and incorporated into a narrative report for the court.**

#### **SECTION V – VISITATION**

*This section details the visitation schedule with parents, siblings, and any significant others and then summarizes how those visits went during the period in review.*

Visitation Plan with mother/father/siblings/significant others: Check the appropriate boxes to indicate if visitation was court ordered and if visits are to be supervised. If supervised, indicate whom (name and relationship) will be supervising the visits as well the specific time, date, and location the visits are to occur. If the visits are to be unsupervised, indicate the specific time, dates, and location of visitation. If there is to be no visitation, explain why it is not in the child's best interests for visits to occur. Plan should be consistent with any court orders.

**Summary of Visitation for Period Reviewed:** This bolded section should succinctly summarize *what actually occurred* during the period in review with regard to visitation. This section should be completed during the FST to facilitate a discussion with all members about what is being accomplished as a result of visits. **This section is outlined in bold lines so it can quickly be identified by the court. If the court does not accept the CS-1 as a court report, this completed section can be cut and pasted from the CS-1 and incorporated into a narrative report for the court.**

#### **SECTION VI – CHILD ASSESSMENT IN RELATION TO CURRENT PLACEMENT**

*This section includes previous placement history, assessment of child/youth safety, permanency and stability, and well-being needs and strengths as well as child/youth adjustment to current placement.*

##### **CURRENT PLACEMENT INFORMATION:**

Placement Provider Name: If appropriate, enter the current placement provider's name.

Placement Provider Address: If appropriate, enter the current placement provider's address.

##### **PLACEMENT HISTORY:**

Enter information about all previous placements including the location, beginning and end date of placement, and the reason the child/youth is no longer in the placement. A copy of the ZPLA, ZCSM & ZCRT screens may be attached but it still must be documented the reason the child is no longer in these placements.

**CHILD SAFETY NEEDS:** This section documents and summarizes the ways in which a safe environment in the alternative care placement was confirmed and assured for the child/youth. During the FST meeting members should address and comment on the safety of the child/youth *in the current placement*. **This section should summarize how the child's safety needs were assured initially at placement as well as show safety in placement continues to be assured. If there are safety concerns, they should be documented in this section along with any safety plan developed by the team.**



**PERMANENCY AND STABILITY NEEDS:** This section should document and summarize the ways in which the child's permanency and stability needs are being met in the current placement.

Ethnicity: From the pull down menu, select the ethnicity of child.

Eligible for membership in or the biological child of a member of an American Indian Tribe?: Indicate yes or no. Refer to CWM Section 4.19.1.1.

Date of notification of tribe?: If answered yes to the previous question, indicate the date the tribe was notified.

Primary language: Enter the primary language in which the child communicates.

Religious Preference: Enter the child's religious preference.

Placed with Siblings: Indicate if child is currently placed with siblings. If not placed with siblings, indicate what is being done to place siblings together.

Least Restrictive Environment (most family-like): Indicate if child is placed in least restrictive environment. If not in the least restrictive environment explain plan for moving child to least restrictive environment. If child is in least restrictive environment, explain how this is the least restrictive environment for the child.

Placement in close proximity to community and family (within 50 miles): Enter YES or NO.

**Permanency and Stability Comment:** During the FST meeting team members should address and comment on the permanency and stability of the child/youth in the current placement. This section should summarize how the current placement is meeting the child's permanency and stability needs. This section can also be used to address any other permanency or stability issues not previously addressed.

**WELL-BEING NEEDS:** This section should document and summarize the ways in which the child's physical, educational, and emotional needs are being met in their current placement.

**Physical Health:**

Initial Physical (HCY Exam): Enter the date of the child's initial HCY exam.

Primary Care Physician: Enter the name of the child's primary care physician.

Immunizations Current: Enter YES or NO. Refer to CWM Section 7.6.

Medical/Dental Conditions (including seizures): From the pull down menus, select the appropriate medical conditions as diagnosed by a physician. If child has a medical condition other than those listed, select other and explain the condition in the well-being comment section. Refer to CWM Section 7.14.

Special Needs: From the pull down menus, select any special medical equipment the child has been prescribed. If child has a special need other than those listed, select other and explain the special need in the well-being comment section.

Medications: List any medications the child is currently prescribed.

Physical Development: From the pull down menu, select the most appropriate response. Refer to CWM Section 7.4. Document in the well-being comment section how any concerns will be addressed.

Verbal Development: From the pull down menu, select the most appropriate response. Refer to CWM Section 7.4. Document in the well-being comment section how any concerns will be addressed.

**Emotional Health:**

**Mental Health Issues/Conditions:** From the pull down menu select the appropriate mental health condition. If child is diagnosed with a condition other than those listed, select other and explain in the well-being comment section.

**ONLY ENTER MENTAL HEALTH CONDITIONS AS DIAGNOSED BY A QUALIFIED PROFESSIONAL.**

**Behavioral issues?** List any behavioral issues the child may have.

**Positive peer relationships:** Enter YES if child experiences positive peer relationships.

**Does child/youth have a significant positive relationship with at least one adult:** Indicate if the child has any significant positive relationships with adults. If yes, then enter the name of that adult as well as their relationship to the child.

**Independent Living:**

**For youth age 14 or 15:** Enter the referral, begin, and completion date for pre-ILP classes.

**For youth age 16+:** Enter referral, begin, and completion date for ILP classes.

**Education:**

**Name of Current or Most Recent School:** Enter the name of the current or most recent school the child attended.

**Address of the school:** Enter the address of the current or most recent school.

**Highest Grade Level:** From the pull down menu, select the current grade level for the child.

**Total Credit Hours:** Enter the total number of earned credit hours for the child.

**When did the child last attend school:** Enter the present date, if the child is currently enrolled in school. If the child is not currently attending school, enter the date that the child last attended his/her most recent school.

**Number of school changes in the past 6 months:** From the pull down menu, select the total number of school changes for the child in the past 6 months.

**Educational/Vocational/Post Secondary Interest:** Describe any educational/vocational post secondary interest expressed by the child.

**Date of most recent IEP:** Enter the date of the most recent I.E.P.

**Specify Identified Educational Needs of the Child:** Describe identified IEP or other educational special services needed for the child.

**Childcare Arrangements:** Describe any childcare arrangements made for the child.

**Child receiving First Steps services or other identified developmental services:** From the pull down menu, select Yes or No for each child three years of age or younger. If the child is not receiving any services, specify why in the education comment section. Select NA if the child is not age appropriate for this service.

**History of Truancy:** From the pull down menu, select Yes or No. If yes, describe strategies implemented to ensure that the child is not truant in the education comment section.

**Safe Schools Act Involvement:** From the pull down menu, select yes, if the child is precluded from attending/returning to school under the Safe Schools Act pursuant to 167.171 RSMo. Describe the alternative educational arrangements that have been made for the child. Select no, if not applicable.

**Education Comments:** Summarize the educational needs, school behavior, attendance, performance and extra curricular activities of the child. Also, include

any activities performed to address the child's educational needs and explain reasons for changes in school placements. If appropriate, address any early childhood needs of the child.

Well-Being Comment Section: During the FST meeting the team members should discuss and develop goals to address the physical, educational, and emotional well-being of the child in their current placement. This section can also be used to address any other well-being issues not previously addressed. This section should summarize how the current placement is meeting the child's well-being needs.

**SUMMARY OF APPROPRIATENESS OF AND CHILD'S ADJUSTMENT TO PLACEMENT:** Utilizing the safety, permanency and well-being assessment information about the child, this bolded section should succinctly summarize the appropriateness of and child's adjustment to the current placement. **This section is outlined in bold lines so it can quickly be identified by the court. If the court does not accept the CS-1 as a court report, this completed section can be cut and pasted from the CS-1 and incorporated into a narrative report for the court.**

***SECTION VII – FST DATA AND RECOMMENDATIONS (to be completed during the FSTM)***

**This section is used to document FST recommendations including the current primary case goal and permanency plan, the concurrent plan, and visitation.**

**CASE GOAL AND PERMANENCY PLAN:** This section is to document the current permanency plan for the child. Check the box by the appropriate plan and indicate the date by which the plan is to be achieved.

**Reunification:** This is assumed to be the preferred primary permanency plan. Specify with whom reunification is to occur. Enter a specific time frame for completing the reunification plan. If the time frame to pursue reunification is extended beyond what ASFA requires (child in care for 15 of the most recent 22 months), compelling reasons must be given to explain why TPR has not been filed. More time should only be granted to the parent when reunification is likely and can be accomplished within set timeframes. The parent's desire for more time should not override the child's need for a permanent, safe home.

**Adoption:** If a child cannot return home safely, adoption is the next preferred permanency plan. Enter, if known, by whom and by when the adoption will occur. Enter the date TPR was filed.

**Guardianship:** If adoption is not an option, guardianship is the next most preferred plan. Indicate with whom guardianship will be pursued as well as the specific time frame in which the guardianship is to occur.

**Placement With Fit and Willing Relative:** Relative placement does not prevent adoption or guardianship. If the child is with a relative who wishes to care for the child long-term, adoption and guardianship should still be explored as they offer more permanence than simple placement through the courts. A relative placement need not take precedent over a stable placement with another

individual who may wish to adopt or become the child's guardian. Placement with a fit and willing relative, without adoption or guardianship, is not a legally final permanency option because legal custody remains with DFS. Therefore, the court must continue to hold annual permanency hearings until the court enters a legally final permanency order (return of child to legal custody of parent, TPR and adoption or guardianship) or the child reaches age 21.

**Another Planned Permanent Living Arrangement (APPLA):** APPLA is the least preferred permanency option. This option is meant to be a specific permanent placement for the child, not just a foster care placement that can be indefinitely extended. Choosing this option is appropriate when it is documented for the court that compelling reasons exist which make all other permanency options unacceptable. Examples include when an older teen requests emancipation; when there is a significant bond, but the parent cannot care for the child due to disability; and when an Indian tribe has identified an APPLA for the child.

An APPLA is subject to ongoing court review at later permanency hearings. Each hearing should explore more permanent options for the child. To summarily rule out more permanent options based on the child's age or needs is contrary to the goals of ASFA. Individual determinations about each child's needs and circumstances are necessary.

*Information regarding the above material about Placement with a Fit and Willing Relative and Another Planned Permanent Living Arrangement is credited to Making It Permanent: reasonable efforts to finalize permanency plans for foster children / by Cecilia Fiermonte and Jennifer L. Renne; copyright 2002 © American Bar Association. Reproduced by permission. All rights reserved.*

**NOTE: If any option other than reunification is the goal, explain in the space provided why all other more legally binding permanency options were not chosen.**

**CONCURRENT PLAN:** This section is to document the concurrent goal for the child. Check the box by the appropriate concurrent goal and indicate the date by which the goal is to be achieved. **An alternative plan for permanency will be developed for each child.** The use of dual permanency planning is to expedite permanency for all children. All efforts will be made to ensure the success of the primary permanency plan. However, if the most legally binding goal is unattainable, other measures will already be in place for the implementation of the alternative plan.

Date ASFA Timeline explained to family: The ASFA timeline should be thoroughly explained to the family. Enter the date the ASFA timeline was explained to the family as well as the name of the person whom explained the ASFA timeframes.

Continued Custody/Jurisdiction?: Indicated the FST recommendation regarding continued custody/jurisdiction.

Trial Home Visit?: Indicate the FST recommendation regarding trial home visit.

Visitation Recommendations: Indicate visitation recommendations made by FST members.

Other Recommendations: List here any other recommendations made by FST members.

**DATE OF NEXT FST:** During the FSTM, determine and enter the date of the next FSTM.

**LOCATION OF NEXT FST:** During the FSTM, determine the location of the next FSTM

**PARTICIPATION:** Enter the names of participants invited to the FST and their relationship to the family. At the FST have each participant mark yes or no to indicate their agreement or disagreement with the plan. Each participant should sign their name signifying their attendance and agreement with the confidentiality statement. If any participant indicates they do not agree with the plan, they should specifically state the nature of their disagreement in the space provided.

### ***SECTION VIII – WRITTEN SERVICE AGREEMENT***

***This is to be completed with the participation of the family during the FST.***

**GOAL:** Enter the behaviorally specific goal which must be attained in order for the case plan, developed during the FST, to be realized.

Tasks to accomplish the goal: Enter the behaviorally specific tasks which must be accomplished in order for the goal to be achieved. Indicate who will do each task, the timeframe in which the task should be completed, and the date the task is accomplished.

Family Signature: The family member/members with whom the WSA was developed should sign their name. Their signature signifies they agree with the conditions set forth in the WSA and they have been notified of their rights with regard to services provided by the Children's Division.

Worker Signature: The Children's Services Worker for the family should sign the WSA indicating they agree with the conditions set forth in the WSA and they have notified the family of their rights with regard to services provided by the Children's Division.

Supervisor Signature: The Children's Services Supervisor should sign the WSA indicating they agree with the conditions set forth in the WSA.

MEMORANDA HISTORY: [CD03-32](#), [CD04-22](#), [CD05-05](#), [CD06-16](#)